

STANDARD FORM FOR  
AGREEMENT AS TO COMPENSATION

Approved by I. A. L. A. B. C.

|                                                    |          |
|----------------------------------------------------|----------|
| State's<br>Number                                  | Carrier  |
| For                                                | Employer |
| Carrier's File No.                                 |          |
| (The spaces above not to be filled in by Employer) |          |

Redacted

Employee NO ATTY  
Employer NO FORM  
Insurance Carrier NOV 7 RECD S.F. ph  
Name of Company THE B.F. GOODRICH COMPANY  
SELF-INSURED

We 9405 Burdoo King Road residing at Valley Station  
Name of Employee or Dependents Kentucky Number and Street

City or Town Valley Station State Kentucky

and THE B.F. GOODRICH COMPANY  
Name of Employer

Office address 500 South Main St Akron, Ohio 44318  
Number and Street City or Town State

have reached an agreement in regard to compensation for the injury sustained by said employee and submit the following statement of facts relative thereto—

Date of Injury March 31, 1975 Date disability began 6-1-80

Nature of Injury Liver Damage

Place of accident Louisville, Ky.

Cause of accident No accident - Liver damage due to exposure to vinyl chloride

Probable length of disability Permanent

The terms of this agreement under the above facts are as follows—

That the said I and his dependents shall receive compensation at the rate of \$ 89.00 per  
week based upon an average weekly wage of \$ Sufficient for maximum and that said compensation shall be payable  
60% (\$52.80) to be paid by the employer and 40% (\$35.20) by the Special Fund.

from and including the 1st day of June month 19 80 until

terminated in accordance with the provisions of the Workmen's Compensation Law of the State of Kentucky. Employer  
shall pay full weekly benefits and be reimbursed quarterly by Special Fund.

Maurice R. Schreiner Witness X THE B.F. GOODRICH COMPANY Employee  
or Dependent  
6911 Creston Drive Address

Approved by Kentucky Commission SELF-INSURED Carrier

of Labor, Custodian for Special Fund By Wm. Melechi

Witnessed by Commissioner Title Claims Administrator  
Workmen's Compensation Dept

Date of Approval May 15, 1980 Date of Agreement

The Standard Printing Company, Inc., Louisville, Ky.

NGC39401